



NURSE AIDE TRAINING - PRECEPTOR COORDINATOR/INSTRUCTOR CHANGE FORM

Falsified documents submitted to this office will be forwarded to the Office of the Attorney General

EVERY ITEM MUST BE COMPLETED LEGIBLY AND IN ITS ENTIRETY. CHANGES WILL BE EFFECTED ONLY UPON RECEIPT OF COMPLETED, LEGIBLE, SIGNED AND DATED FORMS.

School Code _____
(non-facility based programs only)

Type: ____ Preceptor Program

School/Program Name _____

Address _____

Phone _____ Fax _____ E-mail Address _____

Indicate the type of change, the type of documentation on file for each and the nursing home (if applicable) where change is made.

Name _____ RN ___ LPN ___ Coordinator ___ Instructor ___ LA nursing license
___ resume ___ VTIE ___ CTTIE ___ train the trainer certificate ___ a copy of a transcript verifying a master's degree or higher
___ will replace _____ ___ will serve in addition to _____
___ will no longer serve in that capacity

Name of Clinical Site to be Served (if applicable) _____

Address _____

Name _____ RN ___ LPN ___ Coordinator ___ Instructor ___ LA nursing license
___ resume ___ VTIE ___ CTTIE ___ train the trainer certificate ___ a copy of a transcript verifying a master's degree or higher
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All changes of Coordinator or instructor shall be mailed to the registry at Louisiana Nurse Aide Registry, at DHH - Health Standards, P. O. Box 3767, Baton Rouge, La. 70821.

Attach a copy of all required documentation to your copy of this form and maintain in your records for review, by this office, whenever requested. Failure to produce the information when requested may result in a deficiency for your program. Changes will be effected the date received at the registry or at DHH- Health Standards.

Print Name _____ Date _____

Signature of Authorized Individual _____ Title _____